2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: <u></u>

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 31, 2008 8:00 am **Secretary of State** DOCUMENT # P06000098344 03-31-2008 90008 043 ***150.00 SANDCASTLE TITLE, INC. Principal Place of Business Mailing Address 5305 TECHNOLOGY DRIVE 5305 TECHNOLOGY DRIVE TAMPA, FL 33647 US TAMPA, FL 33647 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 CR2E034 (12/06) Chq-P City & State City & State 4. FEI Number Applied For 20-5294010 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARGINSON FITZPATRICK, SCOTT W Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH EDISON AVENUE SUITE D **TAMPA, FL 33606** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations Gust SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Defete TITLE Channe Addition NAME FITZPATRICK, SCOTT W NAME STREET ADDRESS 100 SOUTH EDISON AVENUE, SUITE D STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP D Delete Change Addition SERPICO, STACI M STREET ADDRESS 100 SOUTH EDISON AVENUE, SUITE D STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP TITLE VICE PRESIDENT + TREASURER & Change TITLE ☐ Delete Addition MARGINSON, BILL 9/21 WOODRIGE RUN PRIVE TAMPA, FL. 33647 MARGINSON, BILL NAME NAME 5305 TECHNOLOGY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP PRESIDENT SCOTT SHELBY TITLE ☐ Delete TITLE Change Addition NAME NAME 2205 CLUBHOUSE DRIVE PLANT CITY, FL. 33566 VICEPRESIDENT + SECRETARY Change TOM BOSSO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 18133 REGENTS SQUARE PRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactyrieng with an systems, with all other like empowered.

FILED